

MONTGOMERY COUNTY FIRE AND RESCUE SERVICE
DRIVER TRAINING APPLICATION



Candidate Name:		
Station Assignment: <input type="checkbox"/> A-shift <input type="checkbox"/> B-shift <input type="checkbox"/> C-shift <input type="checkbox"/> Day <input type="checkbox"/> Volunteer		
Driver's License #:	Driver's License State:	
<i>I understand that my driving record must be presented at the time of application and will be reviewed by Driver Training Program staff. A driving record that has been presented to Driver Training within the previous 12 months may be accepted at the discretion of Driver Training Program staff. I further understand that if my driving privileges are suspended or revoked by the State I must cease operating apparatus and notify my station officer as soon as possible.</i>		
Candidate Signature:		Date:
TYPE OF APPARATUS		
<input type="checkbox"/> EMS Transport Unit	<input type="checkbox"/> Brush Truck	<input type="checkbox"/> Engine
<input type="checkbox"/> Aerial/Aerial Tower	<input type="checkbox"/> Rescue Squad	<input type="checkbox"/> Tanker
<input type="checkbox"/> Tractor Drawn Aerial	<input type="checkbox"/> Other:	
OFFICER VALIDATION		
<i>I approve of this candidate's request to enter the training process for the apparatus noted above. The candidate has reviewed MCFRS Policy 23-07AMII. A mentor has been assigned as noted below.</i>		
Officer Signature:		Date:
Officer Name:		
Mentor Name:		
DRIVER TRAINING PROGRAM VALIDATION		
<input type="checkbox"/> You have met the pre-requisites for entry into the training process for the apparatus noted above.		
<input type="checkbox"/> You have not met the pre-requisites for entry into the training process for the apparatus noted above for the reasons noted below.		
Driver Training Program Representative Signature:		
Denial of Training Status Rationale		